



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Tom Tse et al.

Title: METHOD AND SYSTEM FOR DOSE CONTROL DURING AN ION IMPLANTATION PROCESS

App. No.: 10/082,567 Filed: 02/25/2002

Examiner: Mary A. El Smanna Group Art Unit: 2881

Atty. Dkt. No.: 1458-TT4763

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Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

## PETITION FOR EXTENSION OF TIME

Dear Sir:

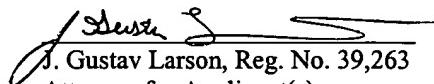
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate fees are as follows:

- |                                     |  |           |
|-------------------------------------|--|-----------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))  | \$110.00  |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(1))   | \$410.00  |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(1))   | \$930.00  |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(1))  | \$1450.00 |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(1))  | \$1970.00 |
| <input type="checkbox"/>            | Applicant is a small entity under 37 CFR 1.9 and 1.25, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ . A small entity statement under 37 CFR 1.27 <input type="checkbox"/> is enclosed or <input type="checkbox"/> has already been filed in this application. |           |
| <input type="checkbox"/>            | A check in the amount of the fee is enclosed.  |           |
| <input type="checkbox"/>            | The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  |           |
| <input checked="" type="checkbox"/> | If any extension fee or additional extension fee is due for entry of any papers filed herewith, please consider this petition as the necessary request and authorization to pay the necessary fee.   |           |
| <input checked="" type="checkbox"/> | While no additional fees are believed necessary, the Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 01-0365. Enclosed is a duplicate copy of this sheet.   |           |

Respectfully submitted,

4-20-04  
Date

  
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